

Division of Long Term Supports and Services Bureau of Developmental Services

**Systems Work Waiver Work Group
2022
Jessica Gorton**



Support Services Summary (1 of 2)

Thank you for your feedback on Support Services...

- All services were identified as appropriate for both waivers.
- The services are presented here according to their average DD Waiver listing.
- 30 Services had majority support for inclusion; this many support services may pose administrative challenges.
- Behavioral Support Services and Social Skills Training were called-out as potentially harmful services by one work group member.
- Additional clarity was requested for Support Broker and Service Coordination services.

DD Waiver	Individual and Family Supports Waiver
	Transportation
	Dental
	Respite
	Personal Support
	Blended Supports
	Peer Support
	Nutrition
	Homemaker
	Parenting Support
	Assistive Tech.
	Specialty Services
	Consultations
	Person-Cent. Strat. Consult.
	Prof. Assess and Monitoring
	Behavioral Support Serv.



Support Services Summary (2 of 2)

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DD Waiver

Individual and Family Supports Waiver

Home Mods and Adaps.

Vehicle Mod

Special. Med. Equip & Supp.

Interpreter

Wellness Coaching

Social Skills Group

Family Peer Support

Family Training

Goods and Services

Specialized Driving Assess.

Service Coordination

Support Broker

Remote Supports Services

Crisis Response Services

Coun. And Supp. for Careg.



Transportation (1/2)

Service Type: Transportation	Alternative Service Title:
<p>Service Definition: Service offered in order to enable individuals served on the waiver to gain access to waiver and other community services, activities and resources, specified by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the individual's plan of care. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge will be utilized.</p> <ul style="list-style-type: none">• This service does not cover the purchase or lease of vehicles.• Reimbursement for provider travel time is not included in this service.• Reimbursement to the provider is limited to transportation that occurs when the individual is with the provider.• The individual is not eligible for transportation services if the cost and responsibility for transportation is already included in the waiver provider's contract and payment.	



Transportation (2/2)

Service Type: Transportation	Alternative Service Title:
Limits on the amount, frequency, or duration:	
Individual and Family Supports Waiver Characteristics:	<div>Service may be provided by(check all that apply): <div>Legally Responsible Person <input checked="" type="checkbox"/> Legal Guardian <input checked="" type="checkbox"/> Relative <input checked="" type="checkbox"/></div><div>Service Delivery Method(check all that apply): <div><input checked="" type="checkbox"/> Participant Directed <input checked="" type="checkbox"/> Provider Managed</div></div></div>



Dental (1/2)

Service Type: Dental	Alternative Service Title:
<p>Service Definition: Preventive dental treatment-topical fluoride applications. Therapeutic dental treatment-pulp therapy for permanent teeth; and limited provision of removable prostheses when masticatory function is impaired, when an existing prosthesis is unserviceable.</p>	



Dental (2/2)

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from MO Partnership for Hope (0841.R02.00)

Service Type: Dental	Alternative Service Title:
Limits on the amount, frequency, or duration:	
Individual and Family Supports Waiver Characteristics:	<div>Service may be provided by(check all that apply):</div> <div><div>Legally Responsible Person</div><div>Legal Guardian</div><div>Relative</div></div> <div>Service Delivery Method(check all that apply):</div> <div><div>Participant Directed</div><div><input checked="" type="checkbox"/> Provider Managed</div></div>



Respite (1/2)

Service Type: Respite	Alternative Service Title:
<p>Service Definition: Services are provided in either: a) licensed respite facility, b) in the home of the participant, c) in the family home, or d) in the home of an individual family provider to waiver participants who are unable to care for themselves. Services are provided on a short-term overnight basis where there is an absence or need for relief of those persons who normally provide care for the participant or due to the needs of the waiver participant. Respite care may be made available to participants who receive other services on the same day, such as Group or Individual Supported Employment, or adult day-care; however, payment will not be made for respite at the same time when other services that include care and supervision are provided.</p> <p>Respite may not be provided at the same time as Individualized Goods and Services, when a service rather than a good is being provided.</p> <p>Facility-based respite cannot be participant-directed. Others forms of respite may be self-directed. The choice of the type of respite is dependent on the waiver participant’s living situation.</p> <p>Federal financial participation will only be claimed for the cost of room and board when provided as part of respite care furnished in a facility licensed by the state.</p>	



Respite (2/2)

Service Type: Respite	Alternative Service Title:
Limits on the amount, frequency, or duration:	
Individual and Family Supports Waiver Characteristics:	<div>Service may be provided by(check all that apply):</div> <div><div>Legally Responsible Person</div><div>Legal Guardian</div><div><input checked="" type="checkbox"/> Relative</div></div> <div>Service Delivery Method(check all that apply):</div> <div><div><input checked="" type="checkbox"/> Participant Directed</div><div><input checked="" type="checkbox"/> Provider Managed</div></div>



Personal Support (1/2)

Service Type: Personal Support	Alternative Service Title:
<p>Service Definition:</p> <p><u>CT Comprehensive Supports</u></p> <p>Assistance necessary to meet the individuals day-to-day activity and daily living needs and to reasonably assure adequate support at home and in the community to carry out personal outcomes. Cueing and supervision of activities is included. This service may not be used in place of eligible Medicaid State Plan Home Health Care services. Provision of services is limited to the persons own or family home and/or in their community. May not be provided at the same time as Individualized Day Supports, Group Day Supports, Supported Employment, Respite, Individualized Home Support, Adult Companion, Community Companion Home, and/or Community Living Arrangements.</p> <p><u>CT Individual and Family Supports</u></p> <p>Assistance necessary to meet the individual’s day-to-day activity and daily living needs and to reasonably assure adequate support at home and in the community to carry out personal outcomes. Cueing and supervision of activities is included. Provision of services is limited to the person’s own or family home and/or in their community. This service differs from State Plan services in that participants can self-direct or can use DDS qualified providers rather than Home Health Agencies. May not be provided at the same time as Adult Day Health, Community Companion Home, Group Day, Live-in Companion, Prevocational services, Individual or Group Supported Employment, Respite, Individualized Home Supports, Parenting Support, Senior Supports, Individualized Day Supports or Continuous Residential Supports.</p>	



Personal Support (2/2)

Service Type: Personal Support	Alternative Service Title:
Limits on the amount, frequency, or duration:	
Individual and Family Supports Waiver Characteristics:	<div>Service may be provided by(check all that apply):</div> <div><div>Legally Responsible Person</div><div>Legal Guardian</div><div><input checked="" type="checkbox"/> Relative</div></div> <div>Service Delivery Method(check all that apply):</div> <div><div><input checked="" type="checkbox"/> Participant Directed</div><div><input checked="" type="checkbox"/> Provider Managed</div></div>



Blended Supports (1/2)

Service Type: Blended Supports	Alternative Service Title:
<p>Service Definition: This service provides assistance with the acquisition, improvement and/or retention of skills and provides necessary support to achieve personal habilitation outcomes that enhance an individual's ability to live or work in their community as specified in the plan of care. This service includes a combination of habilitation and personal support activities as they would naturally occur during the course of a day. This service is not available for use in licensed settings. The service may be delivered in a personal home (one's own or family home), work that is based in the community. Payments for Blended Supports do not include room and board. It is a distinct and separate services. May not be provided at the same time as Adult Day Health, Community Companion Homes, Community Living Arrangements, Continuous Residential Services, Prevocational, Group Supported employment, Senior Supports, Shared Living,, Transitional Services, Group Day, Individualized Day Supports, Individual Supported Employment, Respite, Individualized Home Supports, Companion Supports, Peer Support or Personal Support.</p>	



Blended Supports (2/2)

Service Type: Blended Supports	Alternative Service Title:
Limits on the amount, frequency, or duration:	
Individual and Family Supports Waiver Characteristics:	<div>Service may be provided by(check all that apply):</div> <div><div>Legally Responsible Person</div><div>Legal Guardian</div><div><input checked="" type="checkbox"/> Relative</div></div> <div>Service Delivery Method(check all that apply):</div> <div><div><input checked="" type="checkbox"/> Participant Directed</div><div><input checked="" type="checkbox"/> Provider Managed</div></div>



Peer Support (1/2)

Service Type: Peer Support	Alternative Service Title:
<p>Service Definition:</p> <p><u>Connecticut</u></p> <p>Peer support includes face-to-face interactions including Face Time or comparable technology(such as IPAD, IPHONE) that are designed to promote ongoing engagement of waiver participants towards the participant’s personal goals. All peer support will promote the individuals strengths and abilities to continue improving socialization, self-advocacy, development of natural supports, and maintenance of community living skills. Peer support also includes communication and coordination with medical providers including behavioral health services providers and/others in support of the participant. Service can be provided in the participants home, at their job or community. Example of Activities: How to manage the participants home, manage self-direction of supports, How to find a job or maintain a job, How to advance in chosen career, how to access the community and build community supports. The Peer Support uses his/her personal experience and how to engage the participant in order to continually reinforce and maintain skills.</p> <p><u>Massachusetts</u></p> <p>Peer support is designed to provide training, instruction and mentoring to participants about self-advocacy, participant direction, civic participation, leadership, benefits, and participation in the community. Peer support is designed to promote and assist the waiver participant’s ability to participate in self-advocacy through either a peer mentor or through an individual/agency peer support facilitator. Peer support may be provided in 1) small groups or 2) peer support may involve one individual who is either a peer or an individual peer support facilitator providing support to a waiver participant. The one to one peer support is instructional; it is not counseling. The service enhances the skills of the participant to function in the community and/or family home. Documentation in the participant’s record demonstrates the benefit to the participant. This service may be provided in small groups or as a one-to-one support for the participant. Peer support is available to participants who reside in 24 licensed settings, in the family home, a home of their own or receive less than 24 hours of support per day. This service may be self-directed.</p>	



Peer Support (2/2)

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from CT Comprehensive Supports (0437.R03.00) & MA Adult Supports (0828.R02.00)

Service Type: Peer Support	Alternative Service Title:
Limits on the amount, frequency, or duration:	
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Nutrition (1/2)

Service Type: Nutrition

Alternative Service Title:

Service Definition: Clinical assessment and development of special diets, positioning techniques for eating; recommendations for adaptive equipment for eating and counseling for dietary needs related to medical diagnosis for participants and training for paid support staff to ensure compliance with the participant's dietary needs. These services are not covered in the Medicaid State Plan.



Nutrition (2/2)

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Service Type: Nutrition	Alternative Service Title:
Limits on the amount, frequency, or duration:	
Individual and Family Supports Waiver Characteristics:	<div>Service may be provided by(check all that apply):</div> <div><div>Legally Responsible Person</div><div>Legal Guardian</div><div>Relative</div></div> <div>Service Delivery Method(check all that apply):</div> <div><div><input checked="" type="checkbox"/> Participant Directed</div><div><input checked="" type="checkbox"/> Provider Managed</div></div>



Homemaker (1/2)

Service Type: Homemaker	Alternative Service Title:
<p>Service Definition: This service consists of performance of general household tasks (e.g. meal preparation and routine household care) provided by a qualified homemaker, when the caregiver regularly responsible for these activities is temporarily absent or unable to manage the home and care.</p> <p>A participant may not receive Respite and Homemaker services on the same day.</p>	



Homemaker (2/2)

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